

Name  
in  
Full

Edward H Beele

CERTIFICATE OF DEATH

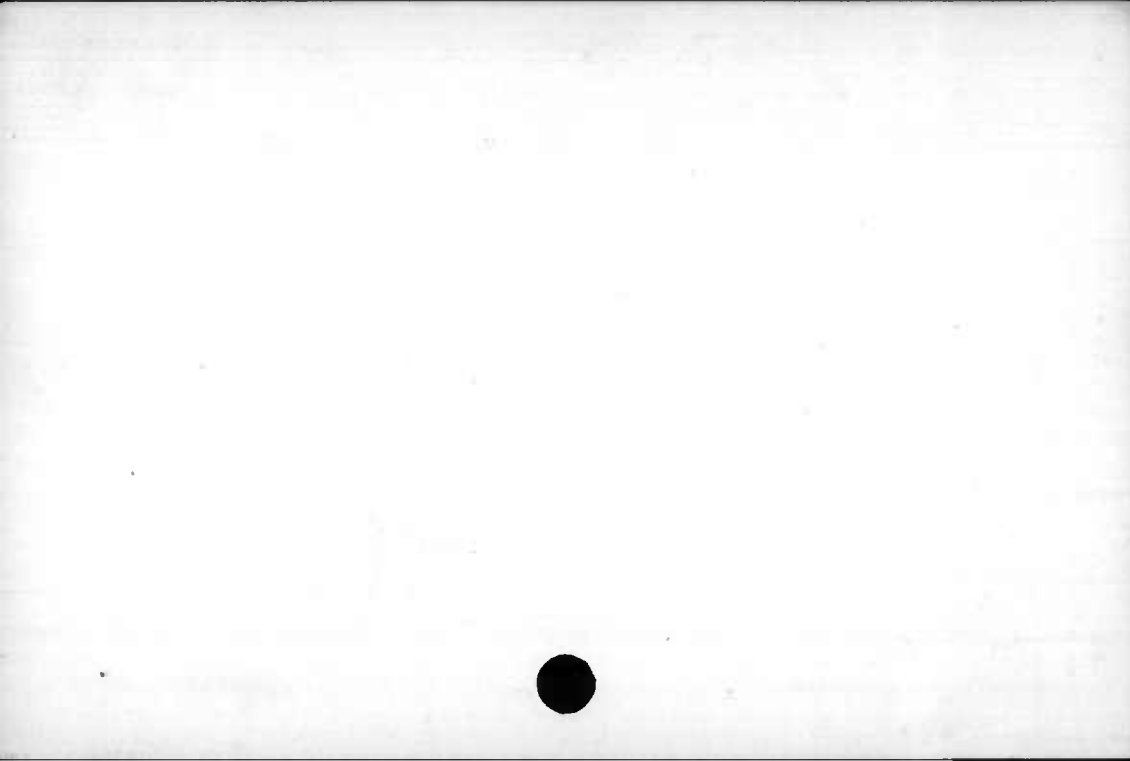
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Girdletree</u> <small>Town</small>		<u>Morcesier</u> <small>County</small>		MARYLAND <del>to</del>	
Date of death <u>1905</u>	<u>3</u> <small>Month</small>	<u>4</u> <small>Day</small>	<u>74</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>—</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>laborer</u>	Where Residing if not at place of death <u>Girdletree md</u>				
Married, <u>—</u>	Name of Wife or Husband <u>Elizabeth</u>		<u>Blungs</u>		
Father's Name <u>Daniel Beele</u>	Father's Birthplace <u>md</u>		Mother's Birthplace <u>md</u>		
Mother's Maiden Name <u>Sallie Beele</u>	How related to deceased <u>—</u>				
Name of person giving Information <u>A C Hancock Undertaker</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Heart failure</u>	How long <u>6 months</u>
Immediate <u>179</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>A C Hancock M.D.</u>
	Address <u>Sto. ctown md</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

*Gilbert- Bowers*

CERTIFICATE OF DEATH

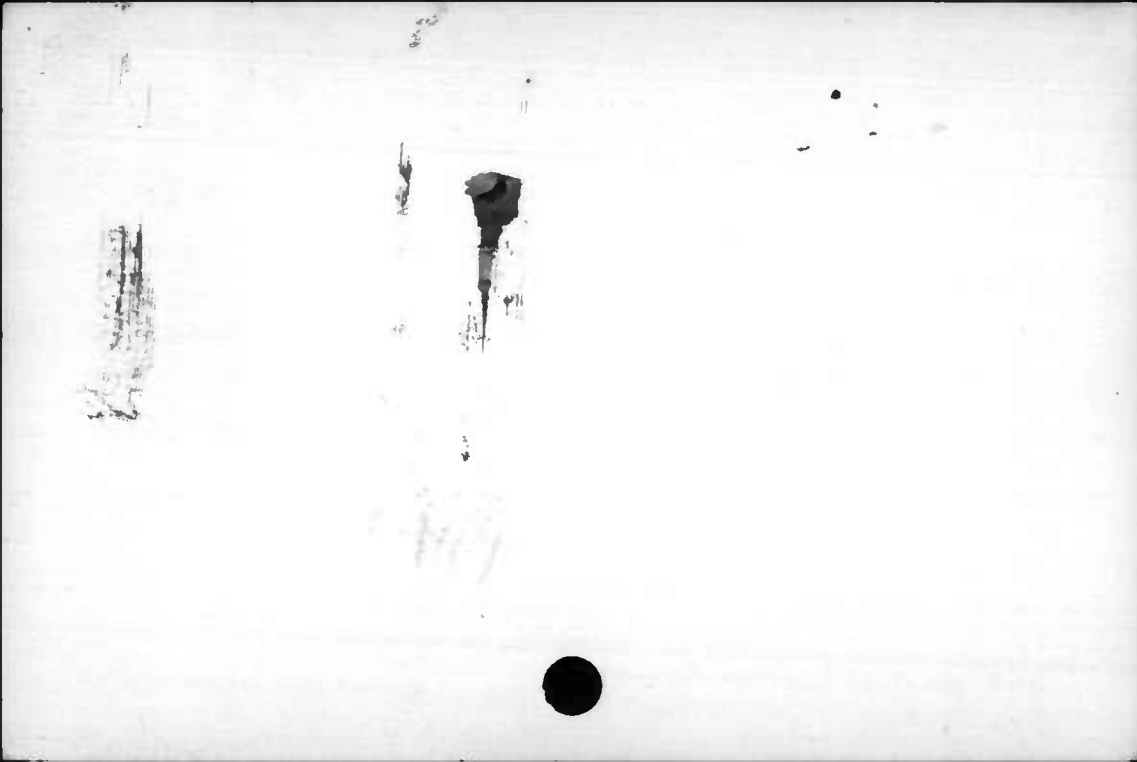
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berlin</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>9</i>	Age <i>93</i>	Months <i>-</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>red</i>		
Occupation <i>Tailor</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>J. E. Wise</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>General debility</i>		How long	<i>54</i> years
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Physician <i>Dr. J. W. Pitts</i>	
		Address	<i>Berlin red</i>	
Accident or Suicide?				



Name in Full		Sarah Briddell Child				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Berlin				Anne Arundel		
	Date of death	1905	Month	March	Day	11	Age
							Years
							Months
							Days
Sex	male		Color or Race	Black		Birthplace	Maryland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Riley Miller				Father's Birthplace	Maryland	
Mother's Maiden Name	Sarah Briddell				Mother's Birthplace	Maryland	
Name of person giving information	Ernie Briddell				How related to deceased	uncle	
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary				How long		109
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	No Sir in attendance				Address		
Accident or Suicide?				G. L. Evans & Son			

1917

Name  
in  
Full

William Carsley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> near Pocomoke City <sup>County</sup> Worcester

MARYLAND

Date of death 1905 <sup>Month</sup> March <sup>Day</sup> 10 <sup>Age</sup> 75 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex male <sup>Color or Race</sup> Black <sup>Birth-place</sup> Worcester Co MdOccupation Labourer <sup>Where Residing if not at place of death</sup> at John Gales residence~~Married~~ or Widowed <sup>Name of Wife or Husband</sup> Eliza Taylor (decd.)Father's Name Arthur Carsley <sup>Father's Birthplace</sup> Worcester Co MdMother's Maiden Name Lovey White <sup>Mother's Birthplace</sup> Worcester Co MdName of person giving Information Samuel Lee Carsley <sup>How related to deceased</sup> Son

## CAUSES OF DEATH

Primary Infirmitie of Age <sup>How long</sup> Five or six yearsImmediate supposed to be heart failure <sup>How long</sup> Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Isaac J. Boston  
Pocomoke City  
Md

Accident or Suicide?

1712





Name in Full		Birtis Clements				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	near Snow Hill		County Worcester		MARYLAND	
	Date of death	1901	Month March	Day 24	Age 69	about	Months — Days —
	Sex	male		Color or Race	white		Birth-place
	Occupation	Iron Age		Where Residing if not at place of death		Brid.	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	—				Father's Birthplace	
	Mother's Maiden Name	—				Mother's Birthplace	
	Name of person giving information	A M. Coulbourn				How related to deceased	
bro. in law.							
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Heart trouble				How long	1 day
	Immediate	Heart trouble				How long	1 day
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?				Brid.		

17-4



Name  
in  
Full

Matilda Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Showell* <sup>County</sup> *Horcester* **MARYLAND**

Date of death 190 <sup>Month</sup> *7* <sup>Day</sup> *20* Age <sup>Years</sup> *87* Months Days

Sex *Female* Color or Race *W. lite* Birth-place *—*

Occupation *—* Where Residing if not at place of death *Showello*

~~Married~~, Single  
~~or Widowed~~

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation*Luther Davis*How related  
to deceased

## CAUSES OF DEATH

Primary

*old age*

How long

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*Luther Davis*

Address

*Showello*

Accident or Suicide?

*no*

Dr R. P. Collins  
Becksville  
Ind

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

infant

Died at *Bethesda* TownCounty *Wor*

MARYLAND

Date of death *1905* Month *3*Day *14* Age

Years

Months *1*Days *2*Sex *Female*Color or Race *Colored*Birth-place *Ma.*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *Henry Davis*Father's Name *Henry Davis*Father's Birthplace *Ma.*Mother's Maiden Name *Hennie Davis*Mother's Birthplace *Ma.*Name of person giving information *William Powell*How related to deceased *No.*

## CAUSES OF DEATH

Primary

How long

*1 mo. 2 days*

Immediate

How long

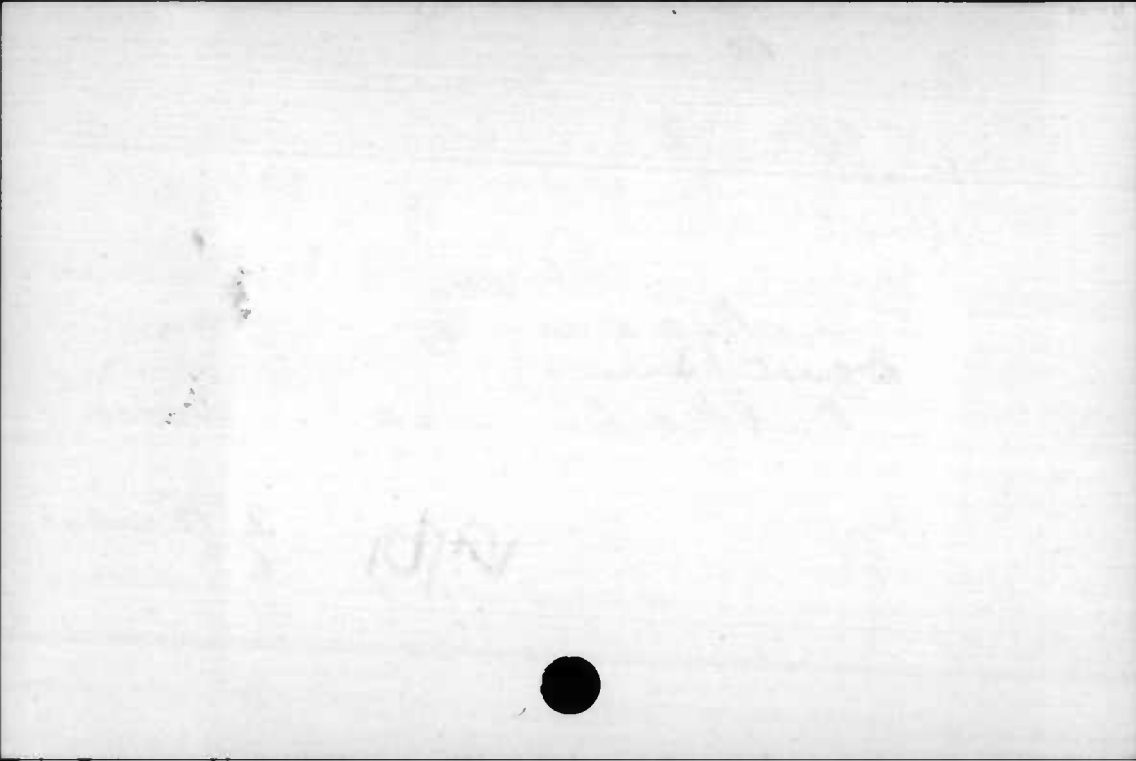
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*No Doctor*  
*Mr. Powell Bethesda Md*

Accident or Suicide?



Name

in  
Full

Bertie Downs

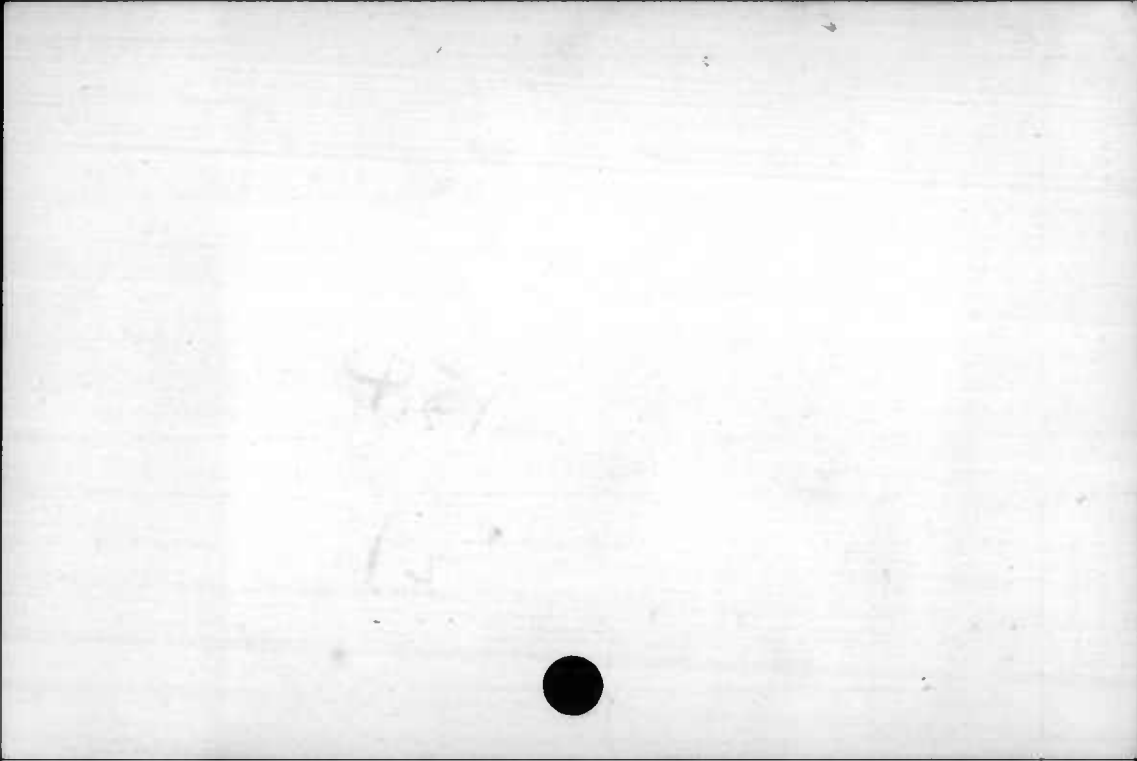
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Snow Hill</u>		County <u>Worcester</u>		MARYLAND	
Date of death	1905	Month	Mar	Day	29th
Age		26		Months	9
Sex		female		Color or Race	white
Occupation				Birth-place	Ind
Where Residing if not at place of death					
Married, Single or Widowed		married		Name of Wife or Husband <u>Stephen Downs</u>	
Father's Name		<u>Samuel Hudson</u>		Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name		<u>Mary Hudson</u>		Mother's Birthplace <u>Maryland</u>	
Name of person giving information		<u>Mr Downs</u>		How related to deceased <u>Husband</u>	

## CAUSES OF DEATH

Primary	<u>Tuberculosis</u>	How long	<u>2 years</u>
Immediate	<u>—</u>	How long	<u>2 years</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<u>Paul Jones</u>	
Address		<u>Snow Hill</u>	
Accident or Suicide?		<u>Ind.</u>	





Name  
in  
Full

Tracy Hudson Loring

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Snow Hill <sup>Town</sup> Worcester <sup>County</sup> **MARYLAND**

Date of death 1905 <sup>Month</sup> Mar <sup>Day</sup> 15 <sup>Years</sup> — <sup>Months</sup> 3 <sup>Days</sup> 28

Sex male Color or Race white Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameStephen LoringFather's  
BirthplaceDel.Mother's  
Maiden NameBertie HudsonMother's  
BirthplaceInd.Name of person giving  
InformationStephen LoringHow related  
to deceasedFather

## CAUSES OF DEATH

Primary

Pneumonia

How long

Immediate

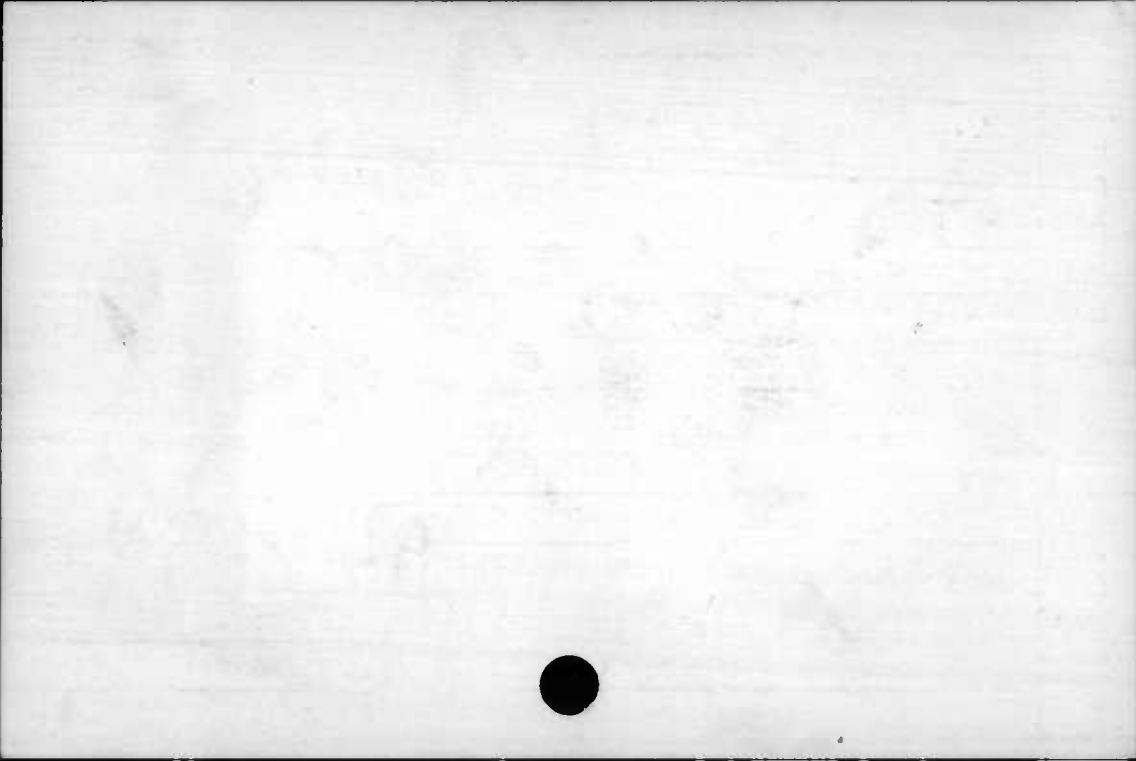
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Dr. Paul Jones  
Snow Hill

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at *Beth The Godfrey*  
*near Ironshore* <sup>Town</sup> *Monroes Co* <sup>County</sup>Date of death *1905* <sup>Month</sup> *male* <sup>Day</sup> *8* <sup>Years</sup> *Age 78* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *male* Color or Race *white* Birth-place *Monroes Co*Occupation *Former* Where Residing if not at place of deathMarried, Single or Widowed *married* Name of Wife *—*Father's Name *—*

Father's Birthplace

Mother's Maiden Name *—*

Mother's Birthplace

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary

*General debility*

How long

*several years*

Immediate

*Pneumonia*

How long

*several weeks*

Are the name, age, sex, color, date and place correctly given above?

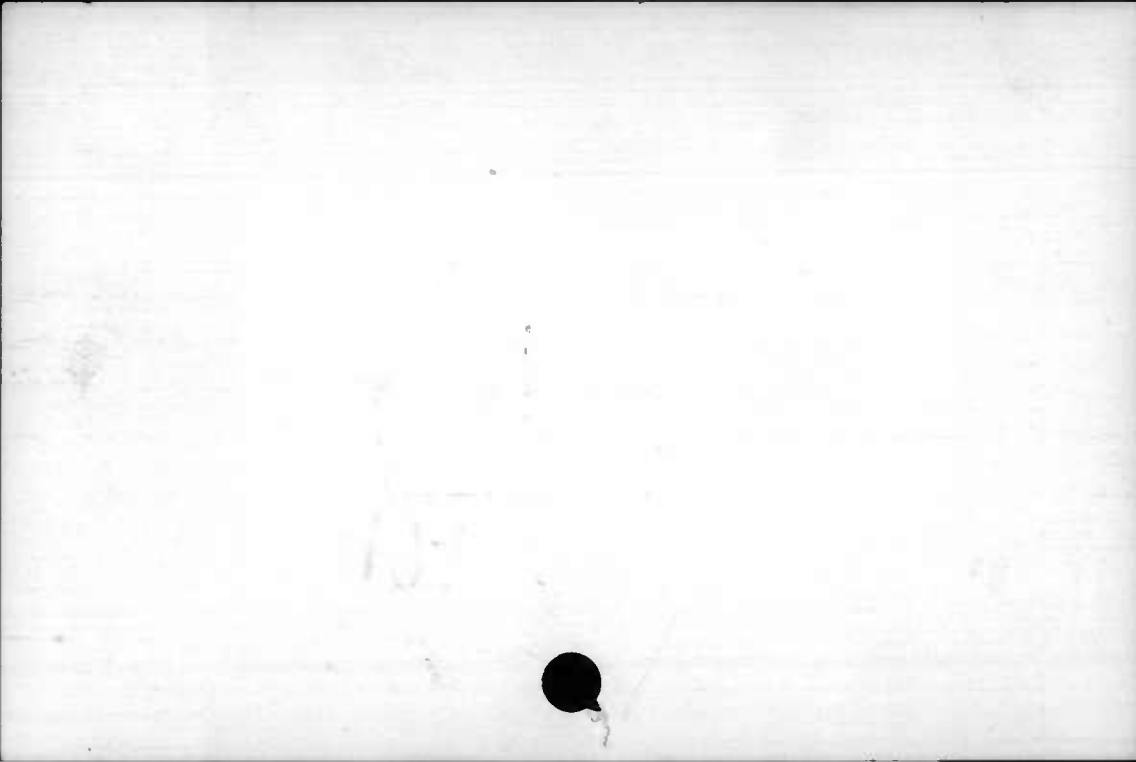
*yes*

Signature of Physician

Address

*C. W. Vickerson*  
*Berlin Md*

Accident or Suicide?



Name  
in  
Full

Charles Harris

## CERTIFICATE OF DEATH

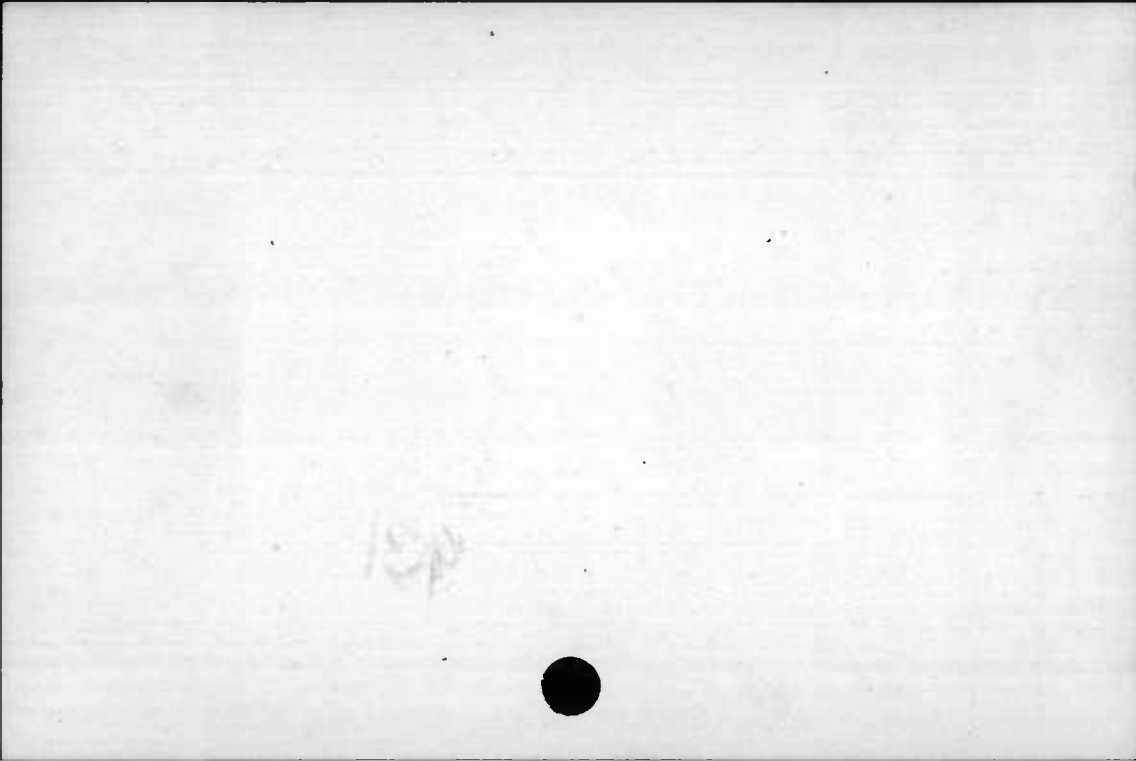
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pocomoke		County Worcester		MARYLAND	
Date of death		1905	Month 3	Day 16	Age 38	Years	Months Days
Sex Male		Color or Race Colored		Birth-place Md.			
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Georgianna Harris					
Father's Name Alfred Harris		Father's Birthplace Md.					
Mother's Maiden Name Abbey Ballard		Mother's Birthplace Md.					
Name of person giving information Abbey Harris		How related to deceased Mother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Central Congestion	How long	some days
Immediate	Convulsions	How long	some hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Wells	
		Address	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

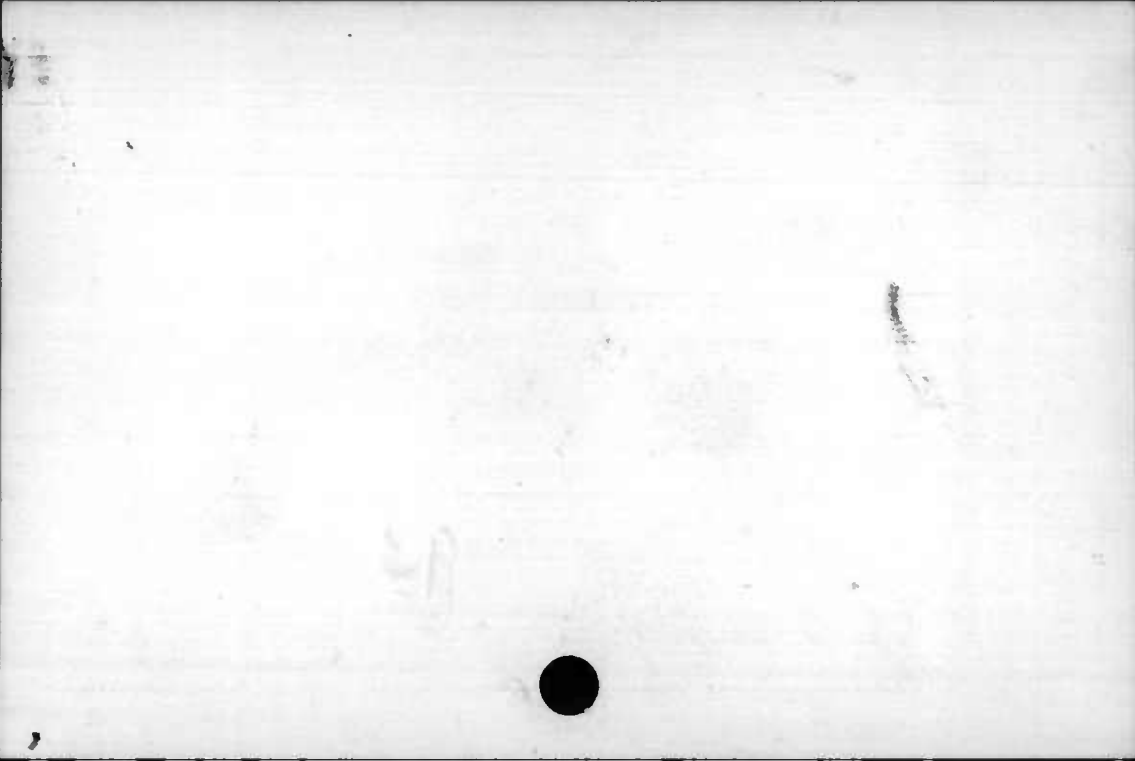
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>J. Sagar &amp; Heavie</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Snow Hill</i>		Date of death <i>1904</i>		Month <i>Mar.</i>		Day <i>13</i>	
Age <i>71</i>		Years <i>71</i>		Months <i>6</i>		Days <i>24</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Del</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Snow Hill</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or <del>Husband</del> <i>Hester Heavie</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Ernest Heavie</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>793</i>
Immediate <i>Heart failure</i>	How long <i>seven days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Lydelotte M.D.</i>
	Address <i>Snow Hill</i>
Accident or Suicide?	<i>Ind.</i>





Name in Full

Certificate of Death

Dr. William J. Kearne

Town

County

Died at

MARYLAND

Date 1905

Month March Day 3<sup>d</sup>

Y. M. D.

Age

56

Native of

Maryland

Occupation

Physician

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

Lizzie Kearne

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Softening of Brain

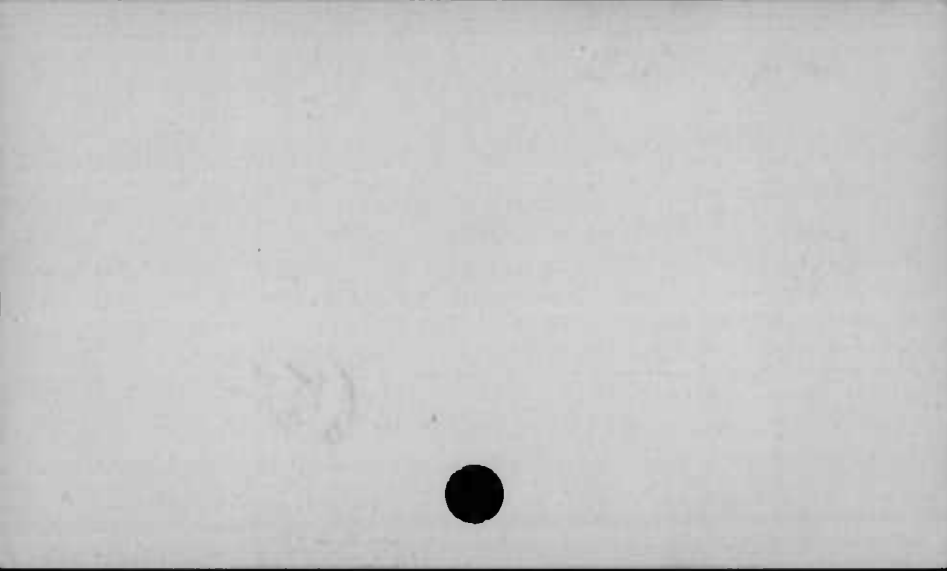
How long sick - Failing 2 or 3 years. Two weeks in bed before death.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Thos Holloway

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Berlin</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>5</u> <sup>Month</sup>	<u>3</u> <sup>Day</sup>	Age <u>29</u> <sup>Years</sup>	<u>4</u> <sup>Months</sup>	<u>6</u> <sup>Days</sup>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Farmer</u>		Birth-place	<u>Near Frankfurt Ky</u>	
Where Residing if not at place of death		<u>Berlin</u>			
Married, Single or Widowed	<u>Single</u>				
Name of Wife or Husband		<u>Kate Holloway</u>			
Father's Name	<u>David Keutloy</u>		Father's Birthplace	<u>Frankford</u>	
Mother's Maiden Name	<u>Emeline Henderson</u>		Mother's Birthplace	<u>"</u>	
Name of person giving information	<u>Kate Holloway</u>		How related to deceased	<u>Wife</u>	

## CAUSES OF DEATH

Primary

Placid poisoning

How long

3 weeks

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

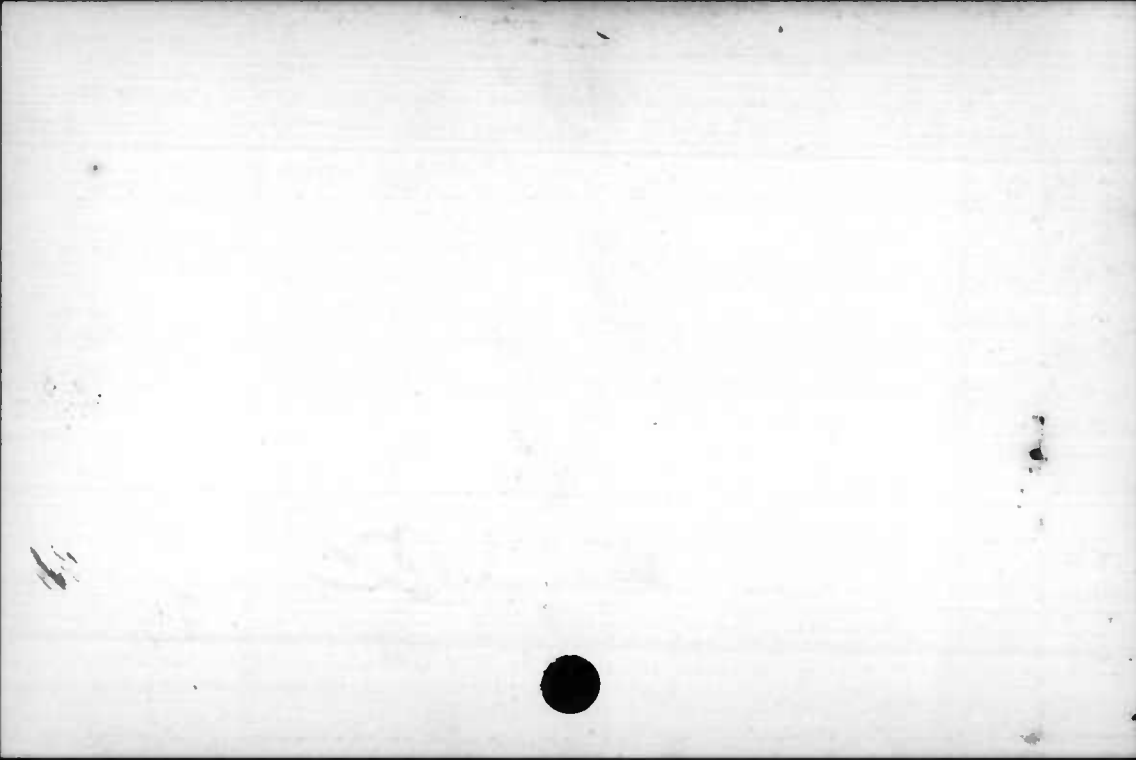
yes

Signature of Physician

Ebe Holland

Address

BerlinMD~~Accident or Suicide~~



Name  
in  
Full

Mary Ann Hornum

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar Snow Hill</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>26</i>	Years <i>70</i>	Age		Months	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>			
Occupation			Where Residing if not at place of death <i>md</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Samson Hornum</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Rachel Hornum</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Mam Hornum</i>		How related to deceased <i>son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid</i>	How long <i>12 months</i>
Immediate	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>None W.S. Williams</i>
<i>Worcester</i>	Address <i>Snow Hill P.D.</i>
Accident or Suicide? <i>County</i>	<i>Maryland</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

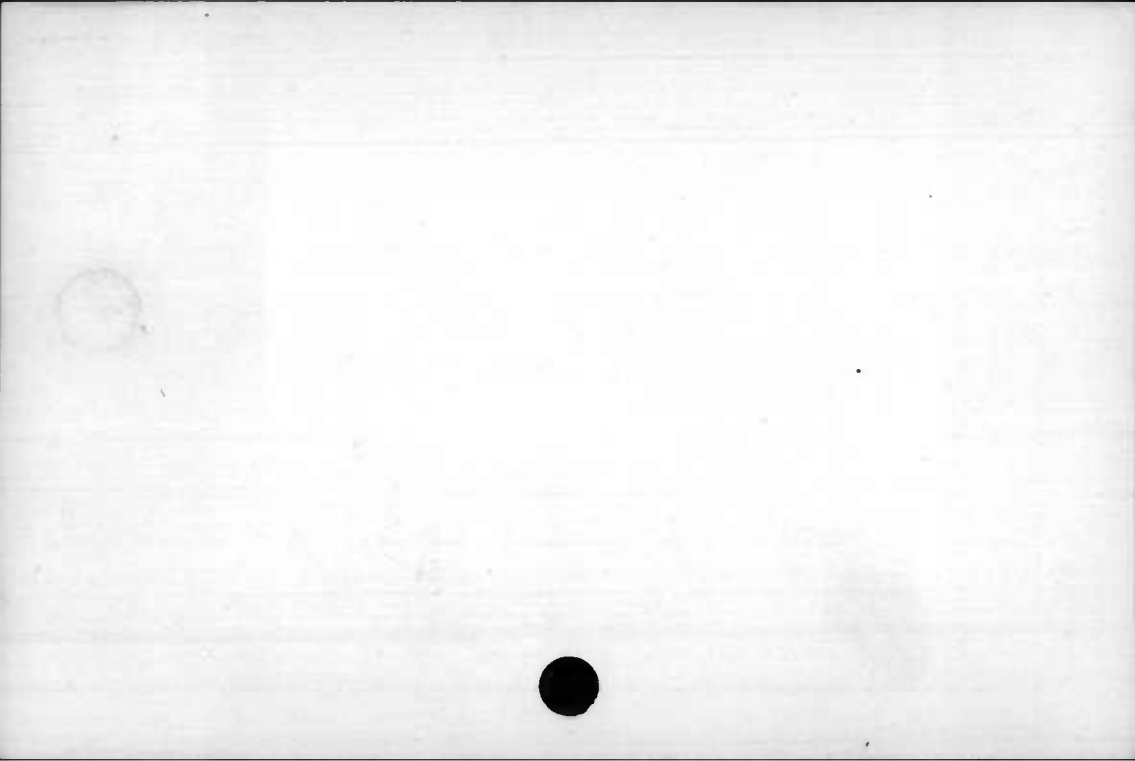
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary E Hudson</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Snow Hill</i>							
Date of death <i>1903</i>	Month <i>Mar.</i>	Day <i>8</i>	Years <i>69</i>	Months <i>4</i>	Days <i>10</i>		
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>			
Occupation <i>Housewife</i>			Where Residing if not at place of death _____				
Married, Single or Widowed <i>Married</i>		Name of <del>Wife</del> Husband <i>Samuel Hudson</i>					
Father's Name _____				Father's Birthplace _____			
Mother's Maiden Name _____				Mother's Birthplace _____			
Name of person giving information _____				How related to deceased _____			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Rheumatism of Heart</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W P Hearn D.D.</i>
	Address <i>Snow Hill Ind.</i>
Accident or Suicide?	





Name  
in  
Full

William Manuel

## CERTIFICATE OF DEATH

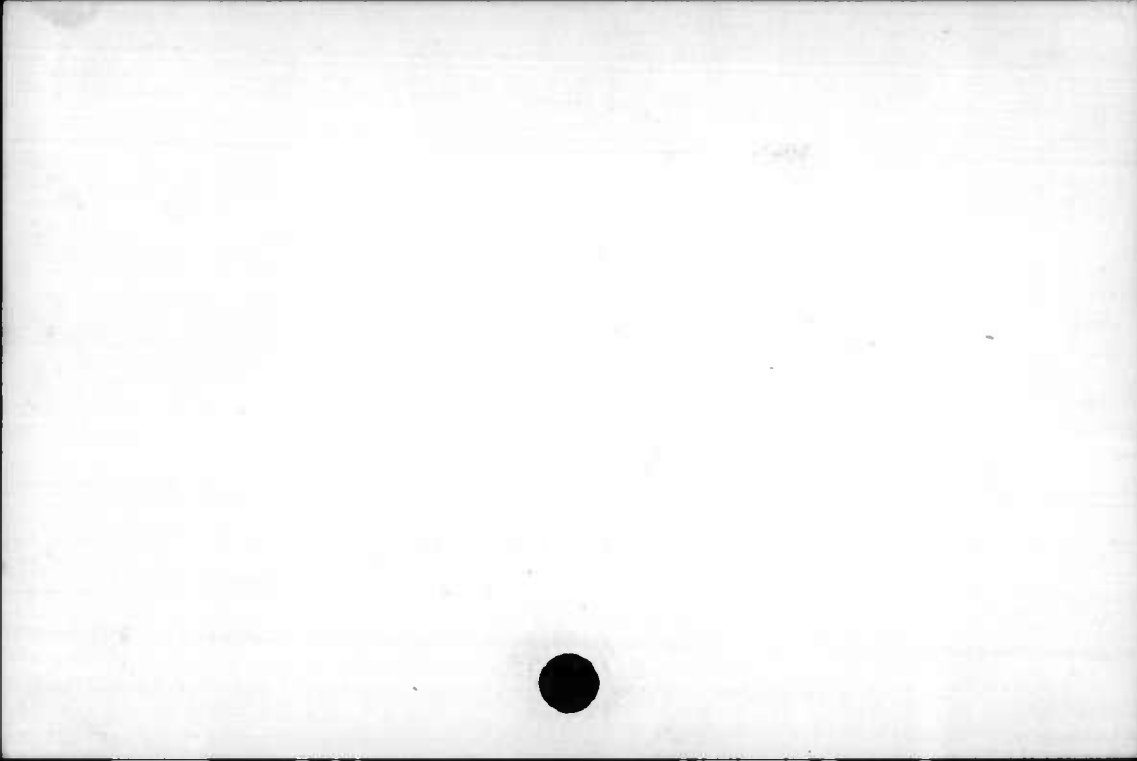
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stockton</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	March	Day	27 <sup>th</sup>
Age		49		Months	Don't Know
Sex		Male		Color or Race	Black
Occupation		Oysterman		Birth-place	near Stockton
Where Residing if not at place of death		Stockton			
Married, Single or Widowed	Single		Name of Wife or Husband	Had no wife	
Father's Name	Isaac Savap			Father's Birthplace	near Stockton
Mother's Maiden Name	Lavinia Manuel			Mother's Birthplace	near Stockton
Name of person giving Information	George Rounby			How related to deceased	Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	10 days
Immediate	consolidation of lung	How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	J. J. Parker M.D.		
Address	Stockton, Maryland		
Accident or Suicide?			



Name in Full

Certificate of Death

James Stimpert Merritt

Died at Ocean City Town Worcester County MARYLAND

Date 1915- March 26 Month Day Y. M. D. Age 2.13 Native of Maryland Occupation X X X X

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

about 7 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79298



Name  
in  
Full

*Infant*

CERTIFICATE OF DEATH

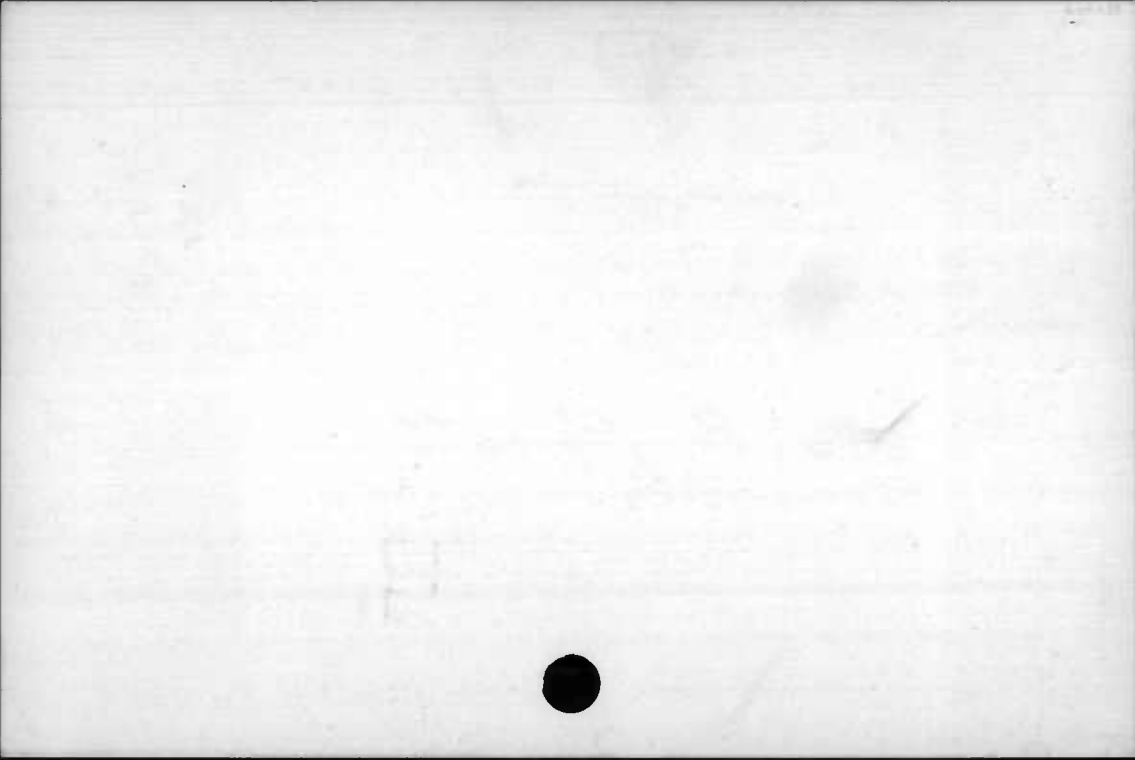
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1901</i>	Month <i>3</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Blk</i>		Birth-place <i>Worcester</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Newark</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Cyrus Prudeau</i>			Father's Birthplace <i>Worcester</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>A P Bower</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Colic</i>	How long <i>90</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Had nose</i>
	Address <i>W. P. Bower</i>
	<i>Berlin Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Name in Full *Caroline Pruitt*  
 Died at *Bliz' Grange* Town *Worcester* County *MARYLAND*  
 Date 1905- *March 4* Month *4* Day *4* Y. *60* M. *0* D. *0* Native of *Md* Occupation *Housewife*  
~~Male~~ ☒ White ☐ Married ☐ Widow ☐ Divorced ☐  
 Female ☐ ~~Colored~~ ☐ Single ☐ Widower ☐ Number of children living

Husband of *Wm. P. Pruitt*  
 Wife of *Abraham Gith* Mother's  
 Name *Abraham Gith* Maiden Name  
 Cause of Death { Primary *Edema of Lungs* How long sick *3 months*  
 Immediate *199* Accident, Suicide, Homicide

Reported by *Chas. B. Bunn*  
 Address *Guthrie Worcester Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Isaac Purnell 3/9/11

## CERTIFICATE OF DEATH

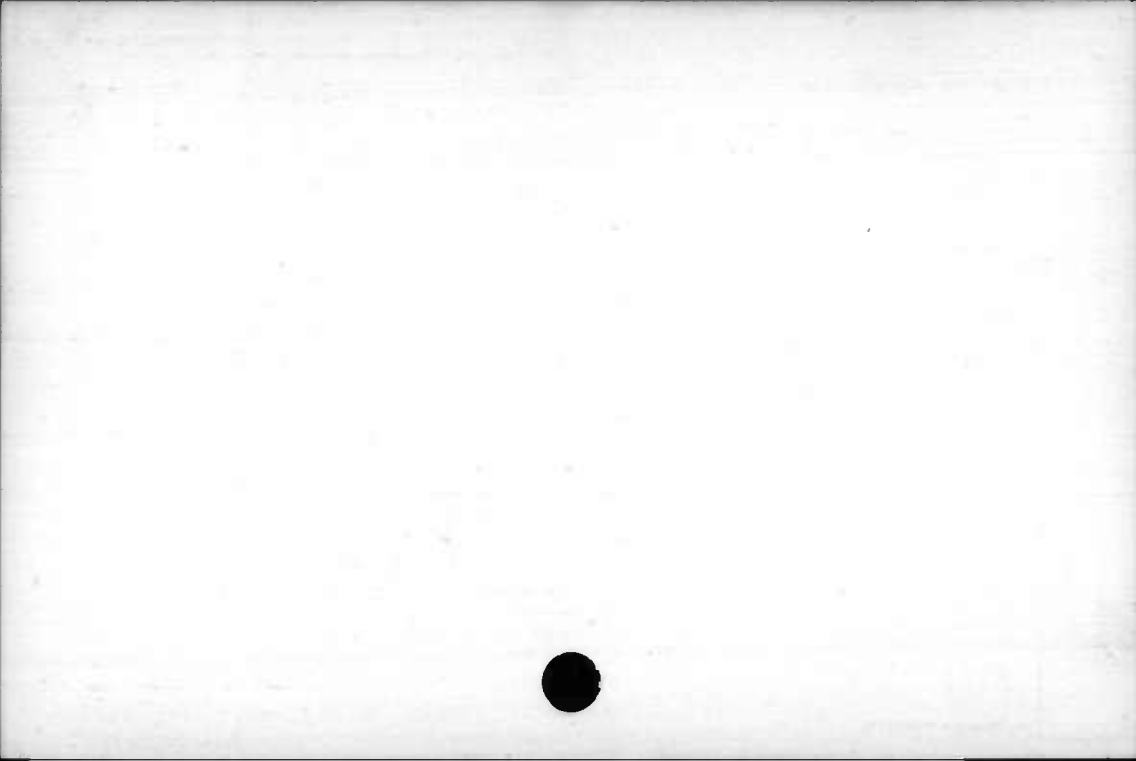
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar Berlin</i>		County <i>Moriches</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>9</i>	Age	Years	Months <i>6</i> Days
Sex <i>female</i>	Color or Race <i>Blk</i>		Birth-place <i>Ind</i>		
Occupation <i>_____</i>			Where residing if not at place of death <i>_____</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Isaac Purnell</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Hattie Purnell</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Isaac Purnell</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Ind law</i>	How long <i>12</i>
Immediate	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
	Address <i>Had none</i>
Accident or Suicide?	



Name  
in  
Full

*Lewis Kurnell*

CERTIFICATE OF DEATH

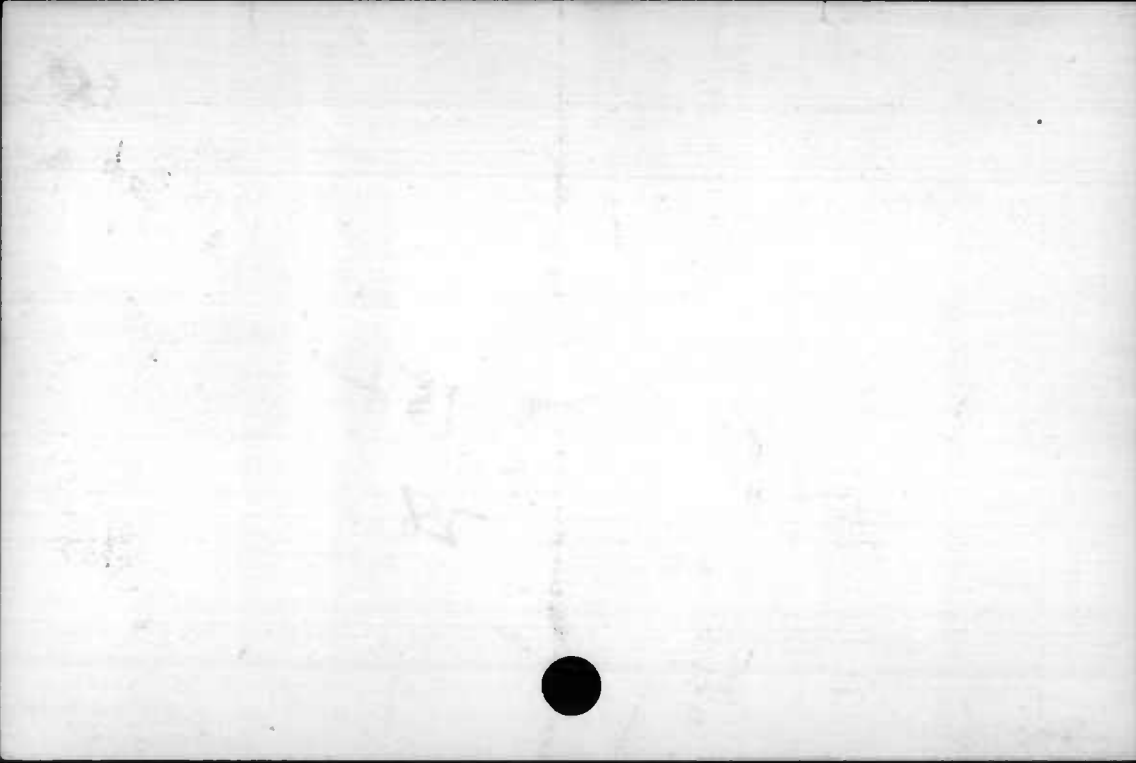
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berlin</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>March</i>	Day <i>22</i>	Age <i>18</i>	Years <i>18</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation			Where Residing if not at place of death		
Married, Single or <del>Widowed</del>			Name of Wife or Husband		
Father's Name <i>William E Kurnell</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Jane Kurnell</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Emily Smack</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>58</i>	How long
Immediate	<i>Tuberculosis Meningitis</i>	How long <i>after 2 or 2</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ebe Hollander</i>
		Address <i>Berlin</i>
Actual Cause of Death <i>Suicide</i>		



Name  
in  
Full

Hattie A Sullivan

## CERTIFICATE OF DEATH

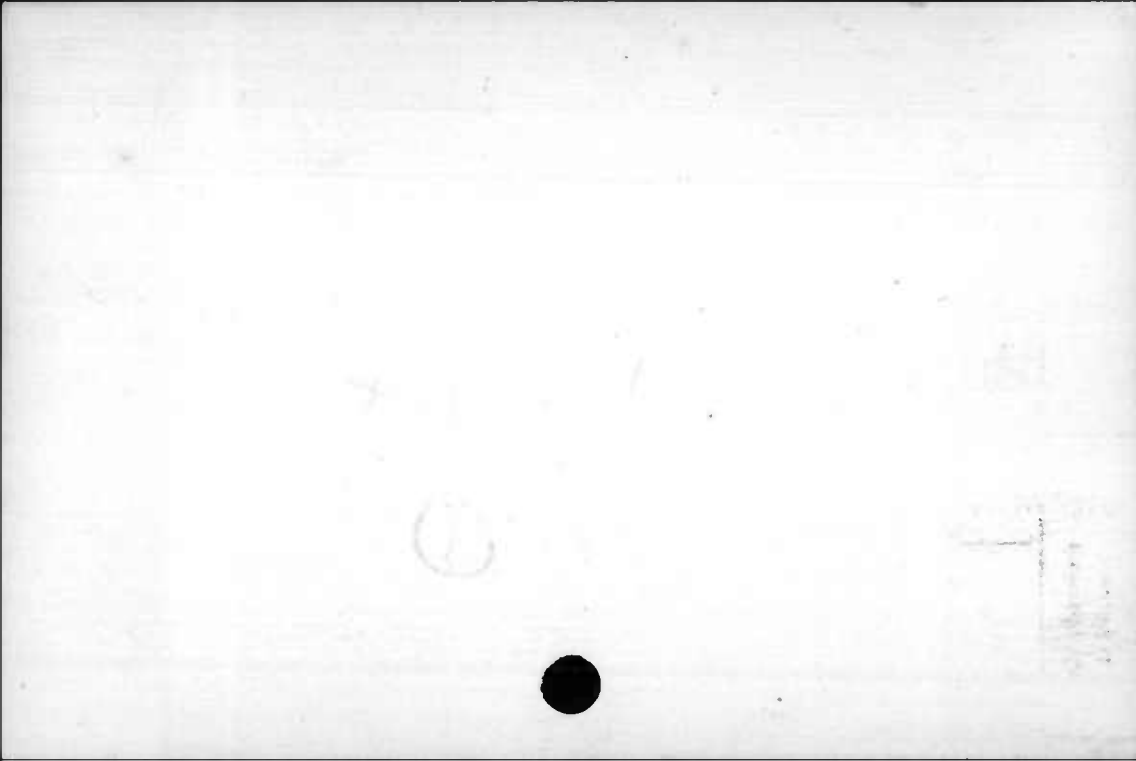
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Berlin</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>27</i>	Age <i>82</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Levi Sullivan</i>						
Father's Name <i>—</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>J E Wain</i>	<i>154</i>			How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Debility -</i>	How long <i>12 mo</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr P. Collins</i>
	Address <i>Bethesda</i>
	<i>Ind</i>
Accident or Suicide?	



Name  
in  
Full

Ailaula Shourell

## CERTIFICATE OF DEATH

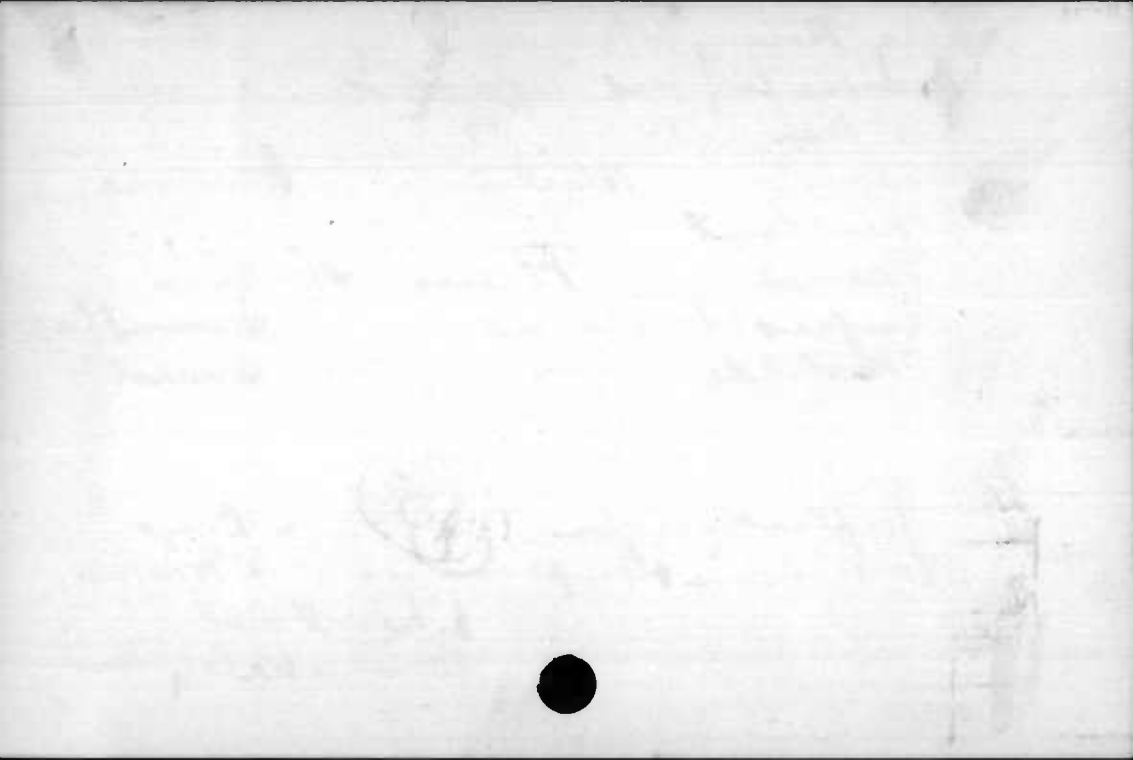
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Shourell</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u>	<u>3</u> <sup>Month</sup>	<u>26</u> <sup>Day</sup>	Age <u>31</u> <sup>Years</sup>	<u>about</u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or <u>Widowed</u>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

Primary	<u>Typhoid Fever</u> <u>(1)</u>	How long <u>8 days</u>
Immediate	<u>Collapse</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>E. E. Holland</u>
		Address <u>Berlin</u>
		<u>Ind</u>
Accident or Suicide?		

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Harry Henry Thomas</i>		Town <i>Pocomoke City Md</i>		County <i>Worcester</i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>March</i>		Day <i>30</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>37</i>		Years	
Occupation <i>Merchant</i>		Where Residing if not at place of death		Birth-place <i>Pocomoke</i>		Months	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Florence Thomas</i>		Father's Name <i>Rufus Thomas</i>		Father's Birthplace <i>Somerset Co</i>	
Mother's Maiden Name <i>Matilda</i>		Name of person giving information		Mother's Birthplace <i>Somerset Co</i>		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Influenza</i>	How long	<i>3 Days</i>
Immediate	<i>Pneumonia &amp; complications</i>	How long	<i>6 Weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. Kee Hall</i>	
		Address <i>Pocomoke City Md</i>	
Accident or Suicide?			



TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Bernie Lee Taylor</i>		Town <i>Berlin</i>		County <i>Winchester</i>		CERTIFICATE OF DEATH	
Died at <i>Berlin</i>		State <i>MARYLAND</i>					
Date of death <i>1905</i>		Month <i>March</i>		Day <i>1</i>		Age <i>1</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Penn</i>		Months <i>3</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name <i>Lizzie Taylor</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Dean Parrish</i>		How related to deceased					

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Infantile feeding</i>		How long <i>1 year</i>	
	Immediate <i>Marasmus</i>		How long <i>1 year</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. E. Holland</i>	
			Address <i>Berlin Md</i>	

115

2



Name  
in  
Full

Waters

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

near Proctorville

Woodstock

Date

of death 1905

Month

3

Day

23

Age

Years

still born

Months

Days

Sex

male

Color or  
Race

colored

Birth-  
place

Md.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John Waters

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Minnie Bean

Mother's  
Birthplace

Bermuda

Name of person giving  
Information

John Waters

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Stillbirth

How long

S

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

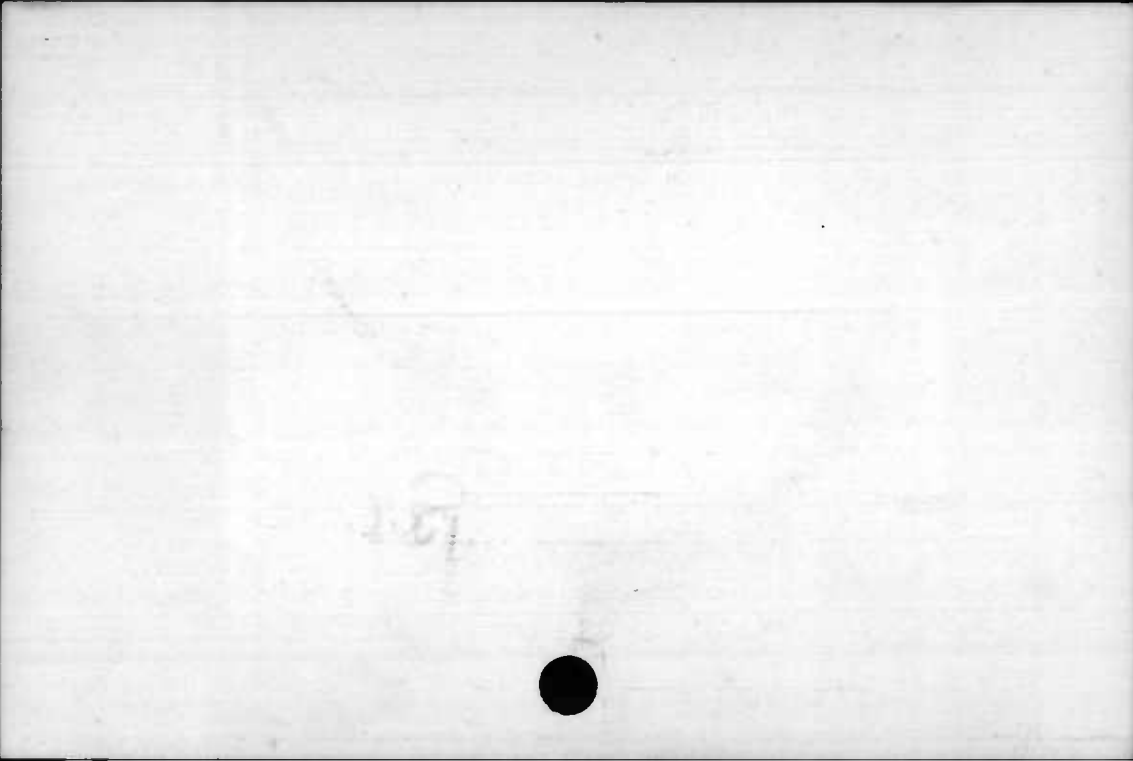
H. W. Wallis

Address

Proctorville City Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Minnie Walters

## CERTIFICATE OF DEATH

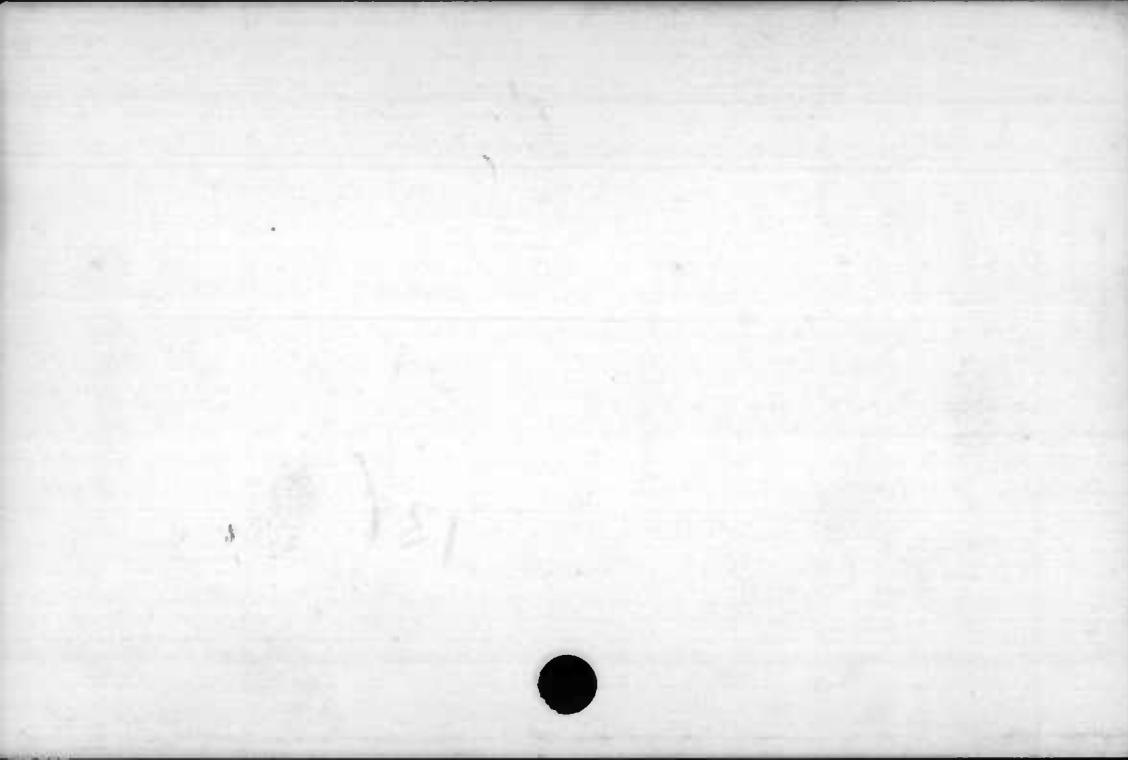
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Prosser</i>		County <i>Wester</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>29</i>	Age <i>30</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Bermuda</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, <del>Single</del> <del>or Widowed</del>		Name of <del>Wife or</del> Husband <i>John Walters</i>			
Father's Name <i>Rev Bean</i>		Father's Birthplace <i>West Va</i>			
Mother's Maiden Name <i>Loretta Krumm</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Louise Walters</i>		How related to deceased <i>by Marriage</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Confinement</i>	<i>38</i>	How long
Immediate <i>Uraemic Poison</i>		How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. W. Wallis</i>
		Address
Accident or Suicide?		





Name  
in  
Full

Sarah Whalley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pocomoke city</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>16</i>	Years <i>47</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Worcester co</i>		
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>Pocomoke city</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Washington Whalley</i>				
Father's Name <i>Elijah Holden</i>	Father's Birthplace <i>Worcester Co</i>				
Mother's Maiden Name <i>Amy Purby</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Washington Whalley</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phtusis Pulmonalis</i>	How long <i>a year</i>
Immediate <i>Bud sore + exhaustion</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Saml S. Quino</i>
	Address <i>Pocomoke city Md</i>
Accident or Suicide?	

